executed

the death certificate be

## STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

, NO	1	9-	22	6	7	2
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FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE									
	REGISTRAR		CERTIFICATE OF DEATH	REG. NO	19-22672				
	CEASED NAME FIRST	MIDDLE	LÄST	20 DATE OF DEATH MONTH	DAY YEAR 26 HOUR				
,,,,,,	LOFTO	N	BELLAMY	9-5	-79 8:30p M				
3. SE	X	4 RACE	5 DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS HOURS MIN				
	MALE	NEGRO	UNKnow 1921	58	'RS				
7a. B	IRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUN	MARRIED NEVER MARRIED	9 BALTIMORE CITY OR COL	JNTY OF DEATH				
15	South Caroling	U.S.H.		CHARLES	MD.				
10 C	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NI	URSING HOME OR OTHER INSTITUTION	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORK)	126 KIND OF BUSINESS OR INDUSTRY				
	LA PLATA	PHYSICIANS N	MEMORIAL HOSPITAL	Labores	<u> </u>				
USU 13a	AL RESIDENCE UF NURSING HOME OR STATE 136 COUN	OTHER INSTITUTION, GIVE RESIDENCE		13e. STREET ADDRESS					
	199: CH	HKLES MOC			-				
14. F	ATHER S NAME	MIDDLE 17-14S	15 MOTHER'S MAIDEN	MIOOLE	1491				
17	WAS DECEASED EVER IN U.S. AR	MED FORCES? JAN SOCIAL	SECURITY NO. 17. INFORMANT	ADDRESS	Eagles				
166	(YES, NO OR UNKNOWN) (IF YES, GIVE	E WAR OR OATES) 246-	18-8747 Bush A1	dreu Ne	w York				
	18 CAUSE OF DEATH Enter on	ly one couse per line for (a), (	b, and ic		APPROXIMATE INTERVAL BETWEEN ONSET, AND DEATH				
	PART I. DEATH WAS CAUSE IMMEDIAT	TE CAUSE (o) KIDD	Yahrs axrest						
	7863 DUE TO, OR AS A CONSEQUENCE OF ()								
	Conditions, if any, which	( 1b) Men	sive Halmisphy	Sis					
	gove rise to immediate cause (a), stating the DUETO, OR AS A CONSEQUENCE OF								
	underlying cause last (c)								
N N	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PA								
CERTIFICATION	19a. DATE OF OPERATION	196 CONDITION FOR W	HICH OPERATION WAS PERFORMED		IF YES, WERE FINDINGS USED				
Ę				YES NO	ERTIFYING CAUSES OF DEATH?  YES NO				
E.	21a. ACCIDENT WAS UNDERLYING	TARREST A AL ALGORITA	21c HOW INJURY OCC	URRED (ENTER NATURE OF INJURY IN ITE	M 18, PART 1 OR PART 2)				
NA N	OR CONTRIBUTING CAUSE OF DEA	VIII	19						
MEDICAL	214 INJURY OCCURRED	21e. PLACE OF INJURY	211 LOCATION STREET	CITY OR TOWN	COUNTY STATE				
2	AT WORK NOT WHILE AT WORK	(AT HOME, STREET, FACTORT, O	A						
	22a.1 certify that (1) (this bases		rom Jaly 197	9 , 10 9-5-	, 19 <u></u>				
	saw the deceased alive on obave, (1) (we) did (did no	t) view the bady after death.	19 29, and that in (my) (autopini	on death occurred on the date one	d hour and from the causes stated				
	22b. SIGNATURE	10 -01	DEGREE	MEDICAL CTAFF	22c. DATE SIGNED				
	W	11 sett		MEDICAL STAFF  DIRECTOR PHYSICIAN					
	226. PHYSICIAN'S NAME (TYPE O		22e ADDRESS						
	G.S. RATH, M.	0.	Charles Pro	fessional Bldg.	Waldorf, Maryland				
23a.	BURIAL, CREMATION, REMOVAL	23b. DATE	235 NAME OF CEMETERY OR CREMATOR		COUNTY STATE				
	DURIAL	19-14-19	Lincoln Cem.	4001 Surflag					
74. F	UNERAL DIRECTOR LEO	V (HORNTON	of Route 1-Box115	P 2 0 19 9 STRAR	AN THE CURE				
	IHOKNION FU	NERHL HOULE	FORCONKEY, MD		1 1/				

BP.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law retained by the haspital or attending physician.

DHMH - 16 60M 1/75 (VRA 15(4))

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and campletely filled in by the funeral dishauld be detached for use as the burial-transit permit. Then please remove carbon popers. Pages 1 and 2 should be filed within 72 his with the State Dept. of Health and Mental Hygiene prior to burial, cremotion, or removal.

IMPORTANT: If them 21 is marked at Item 18 shows any injury, or ather traumatic event, the medical examiner must be politiced at and

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TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours offer death. Page 4 m	
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TEND	tal
R AT	hosp
110	retained by the hospital or attending physicion
SPITA	d by
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TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the funeral director, p should be detached for use as the burial-transit permit. Then please remove carbonappers. Pages 1 and 2 should be filled within 72 hours ofter with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

with the State Dept. of Health and Mental Hygiene prior to verse, second the medical examination and its marked or Item 18 shows any injury, or other traumatic event, the medical examination of the medical exam

ner must be notified of once.

STATE OF MARYLAND FOR STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE

ADDRESS

Waldorf, Md.

22673 9

REGISTRAR		CERTIFICATE OF DEATH	REG. NO.	
1. DECEASED NAME FIRST (TYPE OR PRINT)	MIDDLE	LAST	20. DATE OF DEATH MONTH	DAY YEAR 26 HOUR PV
	arles William	Bowie. Sr.	September 26	. 1979 10:50 M
3 SEX	4 RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
Male	White	July 25, 1917	62 YRS.	MONTHS DAYS HOURS MIN.
70. BIRTHPLACE /STATE OR FOREIGN COUNTRY)	76. CITIZEN OF WHAT COUNTRY	MARRIED MEVER MARRIED	9 BALTIMORE CITY OR COLINI	Y OF DEATH
Maryland	U.S.A.	WIDOWED DIVORCED	Charles	MD.
La Plata	(IF NOT IN SUCH FACILITY, GIVE STREET	et address)  The control of the cont	12ª USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING I Planner-Estin	17b. KIND OF BUSINESS OR INDUSTRY
14. FATHER'S NAME FIRST	UNTY 13c CITY OR TO	WN 13d. INSIDE CITY LIMITS?	13. STREET ADDRESS 161 M Rt.#2	
Maximillan	Bowie	Maggie		Bowie
160. WAS DECEASED EVER IN U.S. A (YES, NO OR UNKNOWN) (IF YES, G	IVE WAR OR DATES)		ADDRESS Bowie same as	13
Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse last	DUE TO, OR AS A CONSEQUENCE TO THE CONSEQUENCE OF T	Hy Drager	Dislane.	VEN IN PART 1(0)
190. DATE OF OPERATION  210. ACCIDENT WAS UNDERLYING	196. CONDITION FOR WHICH	H OPERATION WAS PERFORMED	IN CERT	S, WERE FINDINGS USED FYING CAUSES OF DEATH? ES \( \text{NO} \)
		21c. HOW INJURY OCCUI	RRED (ENTER NATURE OF INJURY IN ITEM 18.	
OR CONTINENTIAL CAUSE OF D  (IF EITHER, NOTIFY MEDICAL EXAMINE  21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE,	FARM, ETC.) 211. LOCATION STREET	CITY OR TOWN	COUNTY STATE
sow the deceosed olive o obove, (I) (we) (did) (did n	n 9 26 - 197	27	death occurred on the date and ha	19_75, that (I) (we) lost ur and from the couses stated
22b. SIGNATURE	nath	DEGREE  ATTENDING PHYSICIAN	MEDICAL STAFF	27c. DATE SIGNED 9-27-79
	Rath M.D.	22e. ADDRESS Chas. Pfo	f. Center Wal	dorf,Md.
230. BURIAL, CREMATION, REMOVA (SPECIFY)  Burial		t. Charles Cem.	Glymont Ch	arles Marylan

BP. DHMH - 16 60M 7/73 (VRA 15 (4))

NAME

Huntt Funeral Home

The state of the s the contract of the contract o The same of the sa La traction I de la casa partir de la compact de la compact de la casa de la Called the second of 2 miles and the second of the second A Transport of the second state of the second the state of the s bestvort a street comment and a transfer of the first of the first of and reobles sman described denies

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DHMH-16 25M (VRA 15, 4) 1/79

STATE OF MARYLAND	
DEPARTMENT OF HEALTH AND MENTAL HYGIENE	20.
CONTINUE ARE OF BEATH	4

STATE OF MAKYLAND						
PARTMENT OF HEALTH AND MENTAL HYGIENE	7	9	2	2	6	
CERTIFICATE OF DEATH	•		0.40	-		
		REG. NO.				

	1-	FOR STATE REGISTRAR			HEALTH AND MENTAL HYG FICATE OF DEATH	REG. NO	2 2	6	7 6	4
		HARRY	laine (	ChAMBER	OF BIRTH	20 DATE OF DEATH / M	DAY) IF UNDE	YEAR ER I YEAR	26. HOUR	M
	0	nake	Cau.	Man		66	YRS	DAYS	HOURS	MIN
2	CO	ATHPLACE (STATE OR FOREIGN BUNTRY)	U.S.	H. WIDOW		Ch ARLE	25	ATH		MD.
2	La	Plata	MASI	OSPITAL, NURSING HOME OF ACULTY, GIVE STREET ADDRESS	meinu 170-A	170 VSUAL OCCUPATION	WORKING LIFE) IND	KIND OF DUSTRY	GOV	
)	130 S			GIVE RESIDENCE BEFORE ADMISSIONS 134. CITY OR TOWN Indian Heat	\$134 INSIDE CITY LIMITS?	13r STREET ADDRESS 20 Potor	nac Ave	nue		
	14_FA	THER'S NAME LOUIS	MODIE	namberlain	15 MOTHER'S MAIDEN NA	Middle	aviable	E LAST		
	{YI	YAS DECEASED EVER IN U.S. AI ES, NO OR UNKNOWN) (IF YES, GN Y & S	E WAR OR DATES)	166 SOCIAL SECURITY NO. 567-9410	Robert K.	Chamberlai	in same	APPROXIM	13	
		PART I. DEATH WAS CAUSI IMMEDIA  Conditions, if any, which gave rise to immediate cause (a), stoting the underlying couse lost.  PART 2 OTHER SIGNIFICANT	DUE TO, OF	CONSEQUENCE OF	af de	JUNAL DISFASE OR COND	UTFON GIVEN IN	PART 1/a	1	
	CERTIFICATION	190 DATE OF OPERATION		TION FOR WHICH OPERATIO		200 AUTOPSY? YES □ NO 🛣	20h. IF YES, WERE IN CERTIFYING ( YES	E FINDING	GS USED	H?
	MEDICAL CER	21a. ACCIDENT WAS UNDERLYING ON CONTRIBUTING CAUSE OF DE  (IF EITHER, NOTHY MEDICAL EXAMINER  21d. INJURY OCCURRED	ATH HOUR A.	M. MONTH DAY YEAR M. 19	216 HOW INJURY OCCURS	RED (ENTER NATURE OF INJURY	IN ITEM 18, PART 1 OR	PART 2)		
	MEL	WHILE NOT WHILE AT WORK		PET, FACTORY, OFFICE, FARM, ETC.)	STREET	CITY OR TOWN	COL	UNTY	STA	ATE.
		22a I certify that (I) (this hasp saw the deceased alive or above, (I) (we) (did) (did no	9-20	19 09	and that in (my) (our) apinion	death occurred an the dat		om the c		
		226. SIGNATURE	dos			MEDICAL STAFF		P-2	O-1	29
		A. Woode	A M	1.0,	A PA	a md				
	230. B	URIAL, CREMATION, REMOVA	9-24-		CEMETERY OF CREMATORY	en Walder	COUNT	rles	STA	it .

24 FUNERAL DIRECTOR

256 DATERECH BY REGISTRAR 356 RECEITARES HIGHARDE

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death. Page 4

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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the

retained by the hospital or attending physician.

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIEN

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1 -	REGISTRAR				CERTIF	ICATE OF DEATH		REG. NO.	. 0 /	4
	CEASED NAME OR PRINT)	5 hann		liver	I	auis	2a. DATE OF D	7-12-1	1979 ·	26 HOUR DAM
3 SEX	х	4	RACE		5 DATE C		6. AGE (IN YEAR		FUNDER I YEAR	IF UNDER 24 HRS. HOURS MIN.
Me	ale		White		Jun	e 6, DAY 1895 EAR	84	YRS	NORTHS DATS	MIN.
	RTHPLACE (STATE OF	R FOREIGN 7		WHAT COUNTRY?	8 MARRIE	DE XNEVER MARRIED	9 BALTIMORI	CITY OR COUNTY	OF DEATH	
	ennsylvan		U.S.		WIDOWE	D DIVORCED	Chi	ARIES		MD.
10 CI	ITY OR TOWN OF D	EATH		HOSPITAL, NURSIN H FACILITY, GIVE STREET CANS (LEMO		Hospital	12a USUAL OC	CUPATION PINNEY REL		Plineing
13a. S	AL RESIDENCE (IF NU STATE anyland	113b COUNT		GIVE RESIDENCE BEFORE 131 SITY OR TOW		13d. INSIDE CITY LIMANS? YES NO	13e STREET AL	DDRESS		
14 FA	William	M	Davis	LAST	1	Gladys	Jane	MIDDLE Desh	U	
,0	VAS DECEASED EVE YES, NO OR UNKNOWN)	R IN U.S. ARM		161-12-0		17. INFORMANT George Davi	-	1704:Bac A Rockville,		-
NO	Conditions, if or gove rise to in couse (a), storunderlying cou	IMMEDIATE  ny, which mmediate ting the ise lost.	DUE TO, OI  DUE TO, OI  DUE TO, OI  (c)	A CONSEQUE  R AS A CONSEQUE  DITRIBUTING TO 1	NCE OF	ASC VD  NOT RELATED TO THE TERM	MINAL DISEASE	OR CONDITION GIV	1	ears
CERTIFICATION	19a DATE OF OPER	ATION	19E CONDI	TION FOR WHICH	OPERATIO	N WAS PERFORMED	YES []		WERE FINDIN YING CAUSES	
	STE. ACCIDENT WAS IN OR CONTRIGUTING [ LIFETHER, NOTIFI MED	CAUSE OF BEAT	216 TIME O HOUR A	M MONTH DA	YEAR	21: HOW INJURY OCCUR	RRED (INTERNATIO	PE OF HUURY HI (TEN. 16, P.)	ART ( OR FART 2)	
MEDICAL	AT WORK CO NOT	WHILE D	TIE PLACE (	OF INJURY HET, FACTORY, GRYCE F	akw.ETC]	III LOCATION		CITH DR TOWN	CENTALA	STATE
	270.1 certify that I saw the dece obove. If we in the same in the		9-	1/2 10	130	nd that in (my) (our) opinion DEGREE	to	on the date and hou	and from the o	
	124 PHYSICIAN	NAME I	11/10	wel	1	ATTENDING PHYSICIAN	MEDICAL DIRECTOR [	STAFF PHYSICIAN	9-1	12-79
	DANIEN	L L	Towa	WN	20.	WAldoR	2 md	20001		
- (1	BURIAL, CREMATION	N, REMOVAL	9/14/			Comptens	23d. LOCAT		Plond C	o. Penn.

Pennsylvanda DATE REC'D. BY REGISTRAR 256 REGISTERS

DHMH - 16 60M 1/75 (VR A 15 (4))

BP.

TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and compress, tilled enter should be detached for use as the buriol-transit permit. Then please in more containing and 2 thould be made with the State Dept. of Health and Mental Hygiene prior to buriol, criticalism, or removed. The medical second remarked or from 18 shows any mjury, or other trainings.

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	1-:	FOR STATE REGISTRAR			STA EPARTMENT OF I	HEALTH		NTAL HY	YGIENE F DEAT	H RE	2 G. NO.	2	6	7	6
ľ		CEASED NAME E OR PRINT)	Coy	Wayne	MIDDLE	F	owler		20	OF ESTI		9	DAY 4	YEAR 19 79	2b. HOUR
	trans a secondario	ale	White	S. DATE OF BIRTH DAY Aug. 27, 3		ARS IF UN AY) MONTH		HOURS	MIN PR	RONOUNCED		9	DAY 4	19 79	6:40 PM
2	Ar	RTHPLACE (ST REIGN COUNTRY) Kansa	8	76. CITIZEN OF WHA	۹.	WIDOW		DIVORCE	D 0		arles	Co	unt	у,	MD
1	Wa	aldorf		St. Charl	TAL, NURSING HOME  ITY, GIVE STREET ADDRESS)  es Ambulat  RESIDENCE BEFORE ADMISSI	ory (		ION	FOR MO	LOCCUPATION IST OF WORKING LIE IMator	E).	WORK	0	ND OF BURNDUST	Gov'
5	Ma	rylan	d 136 COUNT	rother institution, give	13c. CITY OR TOWN Waldorf		YES -			#2 Box	269	9 B			
0		THER'S NAME	iam Edu		bwler		15. MOTHE	Mal		WIDDIE	DRESS	Wi	qle	LAST P.Y	
		Yes	www.		431-10-7		Mrs.	Dor	is J	-				PPROXIMAT	
	NO	gove ri cause (o) lying cau	ns if any, which se to immediate stating the <u>under</u> se last.	DUE TO, OR A  (b)  DUE TO, OR A	PETTENSIVE  S A CONSEQUENCE OF A CONSEQUENCE OF THE TERM  T NOT RELATED TO THE TERM	OF OF									
1	CERTIFICATION	190. DATE OF	OPERATION	19b. CONDITIO	ON FOR WHICH OPER	RATION W	AS PERFOR	AED?			Е	2		AUTOPSY YES 🛣	? NO 🗆
3		UNDERLYING	CAUSE WAS OR OG CAUSE OF D		NJURY MONTH DAY YEAI		OW INJURY	OCCURRED	(ENTER NA	TURE OF INJURY IN	ITEM 18 PART	1 OR PA	RT 2)		
	MEDICAL	21d. INJURY CONTROL OF THE STREET TO	NOT WHILE AT WORK	21e. PLACE OF STREET, FACTOR			CATION			CITY OR TOWN		col	UNTY		STATE
2	/		fy that I took charge ed from: Nature	e of the remains descr al causes	Accident , Su	Autap vicide	, Hamici		Undeter	Inquiry , mined manner  CAL EXAMINER  111 Pe		DATE SIGNE	D	9/5/	79
	1.0		TION,REMOVAL 23	9-8-79	23c NAME OF CEA		R CREMATO	m.	Wa	ldorf,	Char	cour	s.	Md.	STATE
Service March		NAME Huntt		Home Wa	aldorf, M				SEP	1 1 197	REGISTS	RADOS	IGNA		Sung

DHMH - 17 (VR A15 ME (5)) 15M 7/76

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	STATE OF MARYLAND	
DEPARTMENT	OF HEALTH AND MENTAL	ŀ

HYGIENE A

9	3	5	7	7
REG. NO.	6	0		1
REG. NO.		177		

- STATE REGISTRAR		MED	DICAL EXAM	AINER'S CI	ERTIFICATI	E OF DEA	TH <sup>7</sup>	EG. NO.	4	0	/	1
1. DECEASED NAME (TYPE OR PRINT)	BESS	SIE	M.DDLE	GOIN	GS		OF EST DEATH MAT	-	монтн <b>9</b>	27	YEAR 79	2b. HOUR
	white '	DATE OF BIRTH		(IN YEARS IF UND IRTHDAY) MONTHS YRS.			2c. DATE PRONOUNCED DEAD	1	9 9	27	YEAR 19 79	10:12 P <sub>M</sub>
7a BIRTHPLACE (STATE FOREIGN COUNTRY)  Virginia	OR 76	. ČITIZEN ÖF WH	IAT COUNTRY?	8 MARRIE WIDOWE	D X DIV	ORCED	Charles	Cou	nty			MD.
10. CITY OR TOWN OF  LaPlata		Physic:	PITAL, NURSING H CILITY, GIVE STREET ADDR IAN'S Men	norial	RINSTITUTION	FOR M	AL OCCUPATIO OST OF WORKING LI IOMEMA!	FE)	F WORK		ND OF BU R INDUSTI	
USUAL RESIDENCE (IF I	N NURSING HOME OR OT PROMISE PROPERTY	THER INSTITUTION, GIV	130 CITY OR TOV	ind	34 INSIDE CITY LIMIT	□ 352	et address 28 Terr	ace	Dr	ive	3	
14. FATHER'S NAME FIRST	M	AIDDLE	LAST		15. MOTHER'S M. FIRST	AIDEN NAME	MIDDLE				LAST	
Walter			xton		Ma	e	4.0	DRESS			Llha	
160. WAS DECEASED E			16b. SOCIAL SEC	URITY NO.	7 INFORMANT	on 🄰	AD	DREC		Bur	cke,	Va.
No			577 28	9984	Donald	E. Go	ings	582	3 B	urk	ce_m	anor
lying cause PART 2 DTHER SIGNI	orting the <u>under</u> - last.	(c)	AS A CONSEQUEN		DR CONDITION GIVEN	IN PART 3 val.	9					
190. DATE OF OI	PERATION	196 CONDIT	ION FOR WHICH (	OPERATION WA	S PERFORMED?				01		AUTOPSY?	
190. DATE OF OIL  190. DATE OF OIL  110. EXTERNAL C  UNDERLYING CONTRIBUTING			INJURY MONTH DAY	YEAR	W INJURY OCCL	JRRED (ENTER N	IATURE OF INJURY IN	ITEM 18 PAR	RT I OR PA		YES 🗌	NO <del>Т</del>
CONTRIBUTING 21d. INJURY OCC WHILE AT WORK	TURRED	21e. PLACE O	OF INJURY (AT HONORY, FARM, ETC.)		ATION REET		CITY OR TOWN		со	YTMU		STATE
	hat I taak charge a	4-	Accident ,	an Autapsy Suicide	Hamicide TITLE (SPECIF)		Inquiry (C),	and	in my ap	pinian		
ACTUAL SIGNATURE	mu	fre on	effect	M.I	Assista	nnt	CAL EXAMINER		DATE	9	/28/	79
EXAMINER'S NA	Mar Mar	garita A	A.Korell,	M.D.	DDRESS1]	1 Penn	Street					
23a. BURIAL, CREMATIC (SPECIFY)				F CEMETERY OR			CATION		cou	NTY	51	TATE
Burial	1	Oct1979	9 Wash	ington	Nation	nal	Suitla	nd		PG		M

DHMH - 17 (VR A15 ME (5)) 15M 7/76

24. FUNERAL DIRECTOR
ROBert E. Wilhelm
Funeral Home Inc

Suitland, Md.

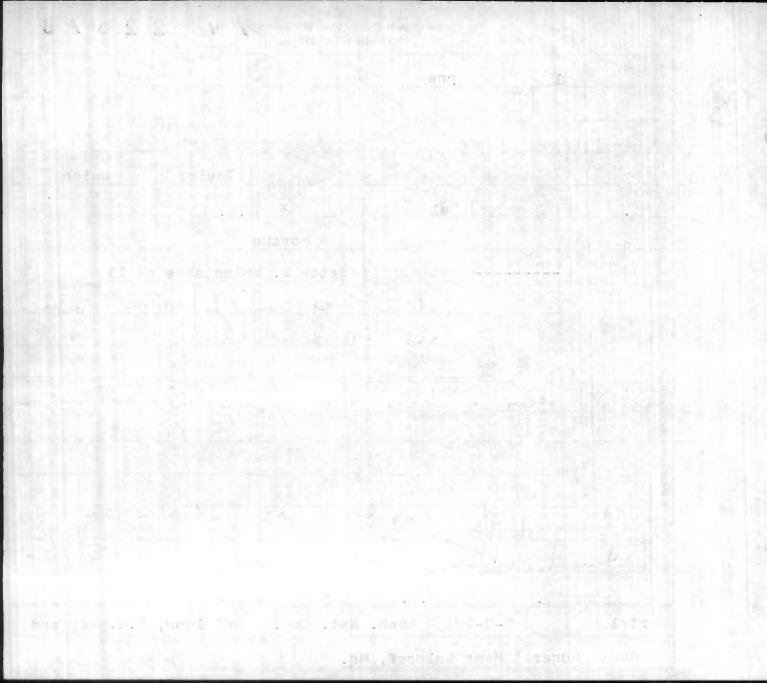
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	STATE OF MARYLAND  DEPARTMENT OF HEALTH AND MENTAL HY  CERTIFICATE OF DEATH	GIEN	,	PREG.	2	2	6	7	8
AIDDLE	ŁAST	20 [	DATE	OF DEATH	MONTH	DAY	YEAR	2b.	. HO
	44								

	FOR STATE REGISTRAR	DEPARTM	CERTIFICATE O		, p.	2678	
1	1 DECEASED NAME FIRST	WIDDLE	• ŁAST		REG. NO.	DAY YEAR 26. HOUR	₹
1	(TYPE OR PRINT)  Ledia	Anne	<b>Патос</b>		9-3	-79 7.28	P.
1	1 SEX	4 RACE	Haves 5. DATE OF BIRTH		6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 2	4 HRS
1	F	02	3 25		73 YRS	MONTHS DAYS HOURS	MIN
1	. BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY?	MARRIED NEV		BALTIMORE CITY OR COUN	TY OF DEATH	
2	Hughesville, Md	USA	WIDOWED X	DIVORCED	Charles		MD
Á	10. CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSIN	G HOME OR OTHER	INSTITUTION	120 USUAL OCCUPATION	126 KIND OF BUSINES	SSOR
4	La Plata	Physicians M	<u>femorial</u>	Hospita	1 Taylor	Union	
d	ISUAL RESIDENCE (IF NURSING HOME OF	NTY- 13t CIT OR TOWN	N 138 INSIE	DE CITY LIMITS?		avors, Rd.	
4		harles  Waldor				0 N	
9	14 FATHER'S NAME FIRST	MIDDLE LAST	15. MOTH	FIRST	MIDDLE	- LAST	
1	John	Herber		Martha	ADDRESS	Buckler	
	160 WAS DECEASED EVER IN U.S. AR (YES, NO OR UNKNOWN) (IF YES, GIVI	E WAR OR DATES)			Shipp same as	13	
1	18 CALISE OF DEATH (Fotor or	nly ane cause per line far to \( b), and	7774			APPROXIMATE INTERV BETWEEN ONSET AND D	AL
	PART I. DEATH WAS CAUSE	TE CAUSE (a)	the ma	lun Cand	and In made	of I week onse and	5 -
	410-	DUE TO, OR AS A CONSEQUE	NCE OF A	()			
	Canditians, if any, which	( b) ( ) En	. the	Musch	MUSIS!	1.0415	
	gave rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQUE	NCE OF				
Ì	PARTY OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO	EATH BUT NOT RELA	ATED TO THE TERM	VAL DISEASE OR CONDITION OF	EVEN IN BART 1(a	F
	NO Dealed to	ing a Ant	nd Whe	2120	her shed an	Level Tumpic	ciene
)	210. ACCIDENT WAS UNDERLYING	196 CONDITION FOR WHICH	200 AUTOPSY? 20b. IF	ES, WERE FINDINGS USED TIFYING CAUSES OF DEATH	1?		
	alt a	D. AN THE OF BUILDY	2) 110)	WILLIAM C.C.	YES NO	YES NO	
r		HOUR A.M. MONTH DA	Y YEAR	W INJURY OCCURRE	D (ENTER NATURE OF INJURY IN ITEM )	B, PART 1 OR PART 2)	
	OR CONTRIBUTING (CAUSE OF DEA)  (IF EITHER, NOTIFY MEDICAL EXAMINER)  21d. INJURY OCCURRED	P.M. 21e PLACE OF INJURY	19 21f LOC	ATION			
	WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY, OFFICE, F.	ARM, ETC.) STE	REET	CITY OR TOWN	COUNTY STA	TE
	22a.F certify that (1) (this haspi	ital) attended the deceased fram	g da.	1969	, to 9/3	. 19 7 9 , that (1) (w	e) last
	ow the deceased alive an	19 19 19 19 19 19 19 19 19 19 19 19 19 1	, and that in (	my) (aur) apinion de	eath accurred an the date and h	aur and fram the causes stat	ted
	Th SICHATURE	1	DEGREE	ATTENDING	MEDICAL STAFF	22c. DATE SIGNED	-
	228 PHYSICIAN'S NAME (TYPE O	. hulas,	127e ADD	PHYSICIAN :	DIRECTOR PHYSICIAN	191410	7
				-	MD 20646		
-	Arturo M. 230. BURIAL, CREMATION, REMOVAL	Monteiro M.D.	AME OF CEMETERY	a Plata,	MD. 20646		
	Burial CREMATION, REMOVAL			. Cem.		.G.Marylan	d
	24 FUNERAL DIRECTOR	ADDRESS		250. DATE	REC'D. BY REGISTRAR 256. REG	STRAR'S SIGNATURE	
	Huntt Funer	al Home Waldo	rf, Md.	SEP	IU 19/9 Risy	Trey McCready	

DHMH - 16 60M 1/75 (VRA 15 (4))



FOR

# STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE	2	2	6	7	- 5
DICAL EXAMINER'S CERTIFICATE OF DEATH	REG. NO.	-	0	,	

	STATE REGISTRAR		ME	DICAL EXAMIN	ER'S	CERTIFICATE O	OF DEA	TH RE	G. NO.	0		*
	CEASED NAM	E FIRST		MIDDLE		LAST	[2	O DATE KNOW		H DAY	YEAR	26. HOUR
(TYPE	OR PRINT)	ARNO	LD F.		JA	CKSON		OF ESTI-	0 0 9	5	1,79	A
n sex	ale	white	Dec.	YEAR 6. AGE (IN YEAR LAST BIRTHD)	AY) MONT			2 DATE PRONOUNCED DEAD	монтн	5 5	YEAR 1979	8:35
FOR	RTHPLACE (S		7b. CITIZEN OF W		8. MARR	IED X NEVER MARI	RIED	9. BALTIMORE C	ITY OR COU			, - //
Wa	shing	ton D.C	U.S	Α.	WIDOW			Charles			IND OF BL	M
1	La PL	ata	Physic	SPITAL, NURSING HOME CILITY, GIVE STREET ADDRESSI 18 NS Memor 18	al Ho		FOR M	ost of working Life		0	lice	RY
Ua, 51		_ 136_COUN		134 CITY OR TOWN Newburg	ON)	13d INSIDE CITY LIMITS?	13e STRE	et address	Box :	作 91	9M	
	rank	G. Jack	MIDDLE	LAST		Jennie	DEN NAME	MIDDLE		]	LAST Berr	y
16a. W	AS DECEASE	DEVER IN U.S. AR	MED FORCES?	166. SOCIAL SECURIT	Y NO.	17. INFORMANT	1,100	ADD	RESS			
	0	- (11 123, 314	TYAN ON DAVIES,	578-62-0	949	Virgini	iaIa	ckson	Same	26	13 2	=0
	HA2	ATH WAS CAUSE	ATE CAUSE (a) DUE TO, O	e for (0), (b), ond (c).) rteriosclero R AS A CONSEQUENCE (		cardiovasc	cular	disease		BET	APPROXIMATI TWEEN ONSE	ET AND DEATH
		ns, if ony, which										
	couse (a lying car	) stating the <u>under</u> use last.	DUE TO, O	R AS A CONSEQUENCE	OF							
			(c)									
7	PART 2 OTHER S	IGNIFICANT CONDITIONS	CONTRIBUTING TO DEAT	BUT NOT RELATED TO THE TERM	IINAL OISEAS	E OR CONDITION GIVEN IN P	PART 1 a					
CERTIFICATION	190 DATE OF OPERATION 190 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY?											
ICA	11% DATE OF OPERATION   196 CONDITION FOR WHICH OPERATION WAS PERFORMED?								100	20		
RTI	YES NO YE								NO 🖺			
								IEM IO PARI I OR	raki 2)			
EDICAL	21d INJURY		DEATH P./	21f. LC	21f. LOCATION							
ME		NOT WHILE		CTORY, FARM, ETC.)		STREET		CITY OR TOWN		COUNTY		STATE
	22a   certify that I took charge of the remains described above, held on Autopsy . Inspection . Inquiry . ond in my opinion											
-	death result	ted fr An: Natu	ural causes X,	Accident, Su	icide	, Hamicide .	Undete	ermined monner				
	ACTUAL SIGNATURE	AN	wor	DO		Assista	nt MEDI	ICAL EXAMINER	DAT SIG		9-6-7	79
	EXAMINER'S	LANGUE A	n M. Dixo	n, M.D.		ADDRESS	ו דוו	Penn St.				
23a. Bl	SPECIFY)	TION, REMOVAL	23b. DATE	23c. NAME OF CE		R CREMATORY	23d. LO	CATION	, 00	YTAUC	S	STATE
	Buria		Sept. 8	79 St. Ba	rnal	oas Epis	Ox	en Hil				4
24. FL	NAME	TOR Clice	les For	Bel 1		250. DA	Et DI BY	7 13 1 256.	Mendal	1950	Char	7
Le	e Fund	eral Ho	me, Clir	iton. Mary	land			1125				

BP. DHMH - 17 (VR A15 ME (5)) 15M 7/76

- Land Company of the Company of the

ATTENDING PHYSICIAN:

TO HOSPITAL OR ATTENDING PHYSICIAN retained by the hospital or attending physician.

BP.

DHMH-16 25M (VRA 15, 4) 1/79

IMPORTANT: If Item 21 is marked or Item 18 shows any injury, or other traumatic event, the medical

# Page 4 may be TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral dining should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed within 72 hour with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. requires that the death certificate be executed within 24 hours af

STATE OF MARYLAND FOR

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

DECEASED NAME   1851   MODIE   LAST   The DATE OF DATE H MONTH DAY YEAR TO HOUSE   THE DATE OF PORTH MONTH DAY YEAR TO HOUSE   THE DATE OF PORTH MONTH DAY YEAR TO HOUSE   THE DATE OF PORTH MONTH DAY YEAR TO HOUSE   THE DATE OF PORTH MONTH DAY YEAR TO HOUSE   THE DATE OF PORTH MONTH DAY YEAR TO HOUSE   THE DATE OF PORTH MONTH DAY YEAR TO HOUSE   THE DATE OF PORTH DAY YEAR TO HOUSE   THE DATE OF THE DAY YEAR TO HOUSE   THE DATE OF THE DAY YEAR TO HOUSE   THE DAY HE HAVE NOW HERE AND HOUSE   THE DAY HE HAVE NOW HE HAVE NO									
Clarence Roy Jenkins September 26, 1979 4:05A  3. SEX  Male  White  Softe OF BIRTH June  Market  Softe of BIRTH June  Market  Market  Softe of BIRTH June  Market  M									
Male  White  Whi									
Male  White  June 6 1923 56 YRS.  18. BIRTHPLACE ISTATE OR POREIGN COUNTRY?  WARRIED NEVER MARRIED N									
BIRTHPLACE   STATE OR FOREIGN COUNTY OF DEATH   U.S.A.   WDOWED   DNORCED									
TAPIATA  USUAL RESIDENCE   IF NURSING HOME OR OTHER INSTITUTION, GIVE RESOURCE BEFORE ADMISSION)  130 STATE  USUAL RESIDENCE   IF NURSING HOME OR OTHER INSTITUTION, GIVE RESOURCE BEFORE ADMISSION)  131   ISTATE  USUAL RESIDENCE   IF NURSING HOME OR OTHER INSTITUTION, GIVE RESOURCE BEFORE ADMISSION)  132   INSIDE CITY LIMITS?  134   INSIDE CITY LIMITS?  136 STREET ADDRESS  ROUTE 301   General Delive  14   FATHER'S NAME  FIRST  Carence  Normal  15   MOTHER'S MAIDEN NAME FIRST  VES   NO OR UMRNOWN)  16   WAS DECEASED EVER IN U.S. ARMED FORCES? VES, ON OR UMRNOWN)  17   IF YES, ORY WAR OR DATES)  18   SOCIAL SECURITY NO  218-20-0993   Inda Stine-Rt. 1, Box 102 H  20664  18   CAUSE OF DEATH (Enter only one couse per line for (p), (b), and (p) PART 1. DEATH WAS CAUSED BY.  IMMEDIATE CAUSE (a)  DUE TO, OR AS A CONSEQUENCE OF  Underlying couse lost.  DUE TO, OR AS A CONSEQUENCE OF  DUE TO, OR AS A CONSEQUENCE OF TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)									
TAPIATA  USUAL RESIDENCE   IF NURSING HOME OR OTHER INSTITUTION, GIVE RESOURCE BEFORE ADMISSION)  130 STATE  USUAL RESIDENCE   IF NURSING HOME OR OTHER INSTITUTION, GIVE RESOURCE BEFORE ADMISSION)  131   ISTATE  USUAL RESIDENCE   IF NURSING HOME OR OTHER INSTITUTION, GIVE RESOURCE BEFORE ADMISSION)  132   INSIDE CITY LIMITS?  134   INSIDE CITY LIMITS?  136 STREET ADDRESS  ROUTE 301   General Delive  14   FATHER'S NAME  FIRST  Carence  Normal  15   MOTHER'S MAIDEN NAME FIRST  VES   NO OR UMRNOWN)  16   WAS DECEASED EVER IN U.S. ARMED FORCES? VES, ON OR UMRNOWN)  17   IF YES, ORY WAR OR DATES)  18   SOCIAL SECURITY NO  218-20-0993   Inda Stine-Rt. 1, Box 102 H  20664  18   CAUSE OF DEATH (Enter only one couse per line for (p), (b), and (p) PART 1. DEATH WAS CAUSED BY.  IMMEDIATE CAUSE (a)  DUE TO, OR AS A CONSEQUENCE OF  Underlying couse lost.  DUE TO, OR AS A CONSEQUENCE OF  DUE TO, OR AS A CONSEQUENCE OF TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)									
LaPlata Physicians Memorial Hospital  LaPlata Physicians Memorial Hospital  LaPlata Physicians Memorial Hospital  LaPlata Physicians Memorial Hospital  LaPlata County Limits?  Maryland Charles Bel Alton  Maryland Charles Bel Alton  Is Mother's Maiden Name First Name  Last First Nomble Last Last Last Last Last Last Last Last									
USUAL RESIDENCE   IF MUSSING HOME OR OTHER INSTITUTION, GIVE RESORNEE BEFORE BEFORE BAMISSION)  130. STATE  130. STATE  131. COUNTY  131. CITY OR TOWN  131. INSIDE CITY LIMITS?  130. STREET ADDRESS  ROUTE 301 GENERAL DELIVE  15. MOTHER'S MAIDEN NAME FIRST  MIDDLE  1.AST  15. MOTHER'S MAIDEN NAME FIRST  MIDDLE  1.AST  16. WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, MO OR UNKNOWN)  16. YES, GIVE WAR OR DATES)  16. WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, MO OR UNKNOWN)  16. YES GIVE WAR OR DATES)  17. NFORMANT  18. LIMIT ADDRESS  Newburg, MD.  218-20-0993  Linda Stine-Rt. 1, Box 102 H  20664  18. CAUSE OF DEATH (Enter only one couse per line for 191, (b), and 181 PART 1. DEATH WAS CAUSED BY.  IMMEDIATE CAUSE (a)  DUE TO, OR AS A CONSEQUENCE OF  Underlying couse lost.  (c)  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a)									
Maryland Charles Bel Alton  VES NO B Route 301 General Delive  IN FATHER'S NAME FIRST  Clarence Noman  Tenkins  IS MOTHER'S MAIDEN NAME FIRST  Clarence Noman  Tenkins  IF YES, GIVE WAR OR DATES)  WHAT 17 INFORMANT  IF YES, GIVE WAR OR DATES)  WHAT 17 INFORMANT  IS CAUSE OF DEATH (Enter only one couse per line for 10), (b), and ye' PART 1. DEATH WAS CAUSED BY.  IMMEDIATE CAUSE (a)  DUE TO, OR AS A CONSEQUENCE OF  Underlying couse lost.  DUE TO, OR AS A CONSEQUENCE OF  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a)									
IN FATHER'S NAME  Clarence Norman Jenkins Jessie Hardesty  166 WAS DECEASED EVER IN U. S. ARMED FORCES?  (YES, NO OR UNKNOWN) I IFFYES, GIVE WAR OR DATES)  WAS TO THE TOTAL TO THE TERMINAL DISEASE OR CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a)									
Clarence Norman Jenkins Jessie Hardesty  Was Deceased ever in u.s. Armed Forces?  If yes, Gore war or Dates)  Was Deceased ever in u.s. Armed Forces?  If yes, Gore war or Dates)  Was Deceased ever in u.s. Armed Forces?  If yes, Gore war or Dates)  Linda Stine-Rt. 1, Box 102 H  20664  BY 17  INFORMANT  Linda Stine-Rt. 1, Box 102 H  20674  BY TYPEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY.  IMMEDIATE CAUSE (a)  Due To. Or as a gonseouence of June 10									
186 WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO OR UNKNOWN)  116 YES, GIVE WAR OR DATES)  218-20-0993  Linda Stine-Rt. 1, Box 102 H  20664  18 CAUSE OF DEATH (Enter only one couse per line for 19), (b), and 181  PART 1. DEATH WAS CAUSED BY.  IMMEDIATE CAUSE (a)  DUE TO, OR AS A CONSEQUENCE OF  Underlying couse lost.  DUE TO, OR AS A CONSEQUENCE OF  PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)									
Ues WW 17 218-20-0993 Linda Stine-Rt. 1, Box 102 H 20664  IR CAUSE OF DEATH (Enter only one couse per line for 191, (b), and 191  PART I. DEATH WAS CAUSED BY.  IMMEDIATE CAUSE (a)  DUE TO, OR AS A CONSEQUENCE OF  Underlying cause lost.  (b)  DUE TO, OR AS A CONSEQUENCE OF  Underlying cause lost.  (c)  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)									
PART I. DEATH WAS CAUSED BY.  IMMEDIATE CAUSE (a)  DUE TO, OR AS A CONSEQUENCE OF  Conditions, if ony, which gave rise to immediate cause (a), stoting the underlying cause lost.  DUE TO, OR AS A CONSEQUENCE OF  (c)  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)									
Conditions, if ony, which gave rise to immediate cause (a), stoting the underlying cause last.  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)									
Conditions, if ony, which gave rise to immediate cause (a), stating the underlying cause last.  DUE TO, OR AS A CONSEQUENCE OF  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)									
Canditions, if ony, which gave rise to immediate cause (a), stoting the underlying cause lost.  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)									
Cause (a), stating the underlying cause last.  DUE TO, OR AS A CONSEQUENCE OF  (c)  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)									
PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)									
TO A 196 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 206 AUTOPSY? 206 IF YES, WERE FINDINGS USED									
THE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 206 AUTOPSY? 206 IF YES, WERE FINDINGS USED									
IN CERTIFYING CAUSES OF DEATH?									
YES NOW YES NOW									
210. ACCIDENT WAS UNDERLYING 210. TIME OF INJURY A.M. MONTH DAY YEAR 211. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2)									
OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. MONTH DAY YEAR  (IF EITHER, NOTIFY MEDICAL EXAMINED)  P.M. 19									
OR CONTRIBUTION COUNTY MEDICAL EXAMINED P.M. 19  216 PLACE OF INJURY  216 PLACE OF INJURY  2116 PLACE OF INJURY  STREET  CITY OR TOWN  COUNTY  STATE									
WHILE NOT WHILE AT WORK AT WORK									
220 I certify that (I) (this haspital) attended the deceased from 7 7 19 7 to 9 2 5 19 7, that (I) (we) last									
taw. It deceased alive an									
22) SIGNATURE DEGREE 22c DATE SIGNED									
ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN 9/26/79									
278. PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS									
Paul E, Pritchett, M.D. LaPlata, Maryland									
23a BURIAL, CREMATION, REMOVAL 23b. DATE 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION									
236 Burial CREMATION, REMOVAL 136 DATE 136 NAME OF CEMETERY OR CREMATORY 136 LOCATION CHYOTOWN CHYOTOWN CHYOTOWN CHAPLES Maryla									
(SPECIEV) COUNTY STATE									

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THE THE THE HARRY WE SARKING

Lagran | Lall Secretarial Chapter | Windley | L. J. Lake II

# eath. Page 4 may be executed within 24 hours after requires that the death certificate be ATTENDING PHYSICIAN: The law TO HOSPITAL OR ATTENDING PHYSICIAN retained by the hospital or attending physician.

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FOR

# STATE OF MARYLAND

BERARDIT AP HEALTH AND MENTAL HVALENE "

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	Eine	all the	~	V
DEC NO		1.3.1		

	1-	STATE REGISTRAR		DEPARIME		ICATE OF DEATH	REG. 1	10.	2 5	8	
		CEASED NAME FIRST	M	DDLE	L	AST	26 DATE OF DEATH	MONTH	DAY YEAR	2b. HOUR	
	THE	Margare	t Mae		I	Larner	September	29,19	79	8:35A M	
	3 SE)		4 RACE	5	DATEC		& AGE (IN YEARS LAST BE		IF UNDER I YEAR	IF UNDER 24 HRS	
		female	White		Mari	1 40 4001	73	YRS.	MONTHS DAYS	HOURS MIN	
b		RTHPLACE (STATE OR FOREIGN				*	BALTIMORE CITY		OF DEATH		
F	Α.	Jaryland	11 S A		MARRIEI	DEVER MARRIED DIVORCED DI	Ch	arles		MD.	
-		ITY OR TOWN OF DEATH	11. NAME OF H	OSPITAL, NURSING	HOME C	OR OTHER INSTITUTION	12a USUAL OCCUPA			F BUSINESS OR	
0	La	Plata	Physicia	racility give street about 1	al E	Hospital	Housewile		1 1	ome.	
	USU	AL RESIDENCE (IF NURSING HOME OF			MISSION				- Lucia	71102	
4		aryland Char		La Plata		134. INSIDE CITY LIMITS?	Box 68.	302 Ha	pland Si	troot	
-		ATHER'S NAME				IS. MOTHER'S MAIDEN NAM	ME	or im	quiac sa	Jule L	
0	7	John FIRST	WIDDLE	LAST PLIMOUP		Laura	MIDDLE		Whitma	1	
	- 0	WAS DECEASED EVER IN U.S. AR		166 SOCIAL SECURIT	TY NO	17 INFORMANT	ADDI	RESS	WILLIA	ince	
		YES, NO OR UNKNOWN) (# YES, GIV	E WAR OR DATES)	577-10-898	80 B	Thomas P. La	anna Box 68	2 / 0 1	Plata. 1	17) 20666	
è						Trunilles T. Lu	alest-box oc			MATE INTERVAL DISET AND DEATH	
		18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUSE	D BY.	ine for (a), (b), and (	0	ankon L			BETWEEN	ONSET AND DEATH	
		IMMEDIA	TE CAUSE (a)	o raise		alpio					
7		1848	DUE TO, OR	AS A CONSEQUEN	CEOF	topema.					
		Conditions, if any, which gave rise to immediate	1b)	Fuv	179	30/30/000					
	100	couse 101, stating the underlying cause last	DUE TO, OR	AS A CONSEQUEN	CEOFU						
		PART 2 OTHER SIGNIFICANT	(c)	AUTOBUTING TO DE	A TAL BUIT	NOT DELIVED TO THE TERM	NAME OF THE OR CO.	UDITION OF	VENT BURARE 14		
	N	PART 2 OTHER SIGNIFICANT	CONDITIONS <u>CO</u>	NIKIBUTING TO DE	AIH BUI	NOT RELATED TO THE TERM	INAL DISEASE OR CO	ADITION GI	VEN IN PART TO		
Н	CERTIFICATION	198 DATE OF OPERATION	N WAS PERFORMED	20a AUTOPSY?		S, WERE FINDIN					
)	IFIC						YES TO NO		IFYING CAUSES OF DEATH?		
5	ERT	718. ACCIDENT WAS UNDERLYING	7 21b. TIME OF	INJURY		21c HOW INJURY OCCURE	1		(and	110	
		OR CONTRIBUTING CAUSE OF DE	AIN	MONTH DAY							
	MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMINER	P.M		19	211 LOCATION					
	ME	WHILE IT NOT WHILE IT		ET, FACTORY, OFFICE, FARA	M, ETC )	STREET	CITY OR TO	)WN	COUNTY	STATE	
i		278.1 certify that 444 (this hosp	and and the	days and from	9	=18 10 7 9	1 . 6-	20-	10 00	that (II (we) lost	
		sow the deceased alive on	9-	28 197	9 01	nd that in (my) (ever) opinion	deoth occurred on the	date and ha	/ /		
		abave, (1) (wa) (did no 22b. SIGNATURE	ot) view the body o	after death.	/	DEGREE			22c DATE		
		20	nath	_	1/	ATTENDING	MEDICAL ST	AFF	9/	19/79	
		224 PHYSICIAN'S NAME (TYPES	N PRINTI			220 ADDRESS	DIRECTOR   PHYS	ICIAN []	11/0	1///	
1		Girija S Rati					Wald	orf,Md	. 20601		
		BURIAL CREMATION, REMOVAL	A STATE OF THE PARTY OF THE PAR		ME OF C	EMETERY OR CREMATORY	23d. LOCATION		COUNTY	STATE	
	23	urial	10-2-19	179 /904	int O	Livet Cemeter	4 Washing	ton, I	). C.		
	24/1	WELL SERVER	Home, In	C. St. Ple	ata,	Hamiland 251. DATE	E REC'D. BY REGISTRA	R 256 REGIS	TRAR'S SIGNAT	URE / Beauty	
1	1	What /	sent	/ Kenter	e /	eacun	06 0 4 197	P	/		

DHMH-16 25M (VRA 15, 4) 1/79

BP.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the full should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled within with the State Oept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 21 is marked or Item 18 shows any injury, or other traumatic event, the medical examiner mu

Larner Contember 29,1979 8:354 - Margaret | mag 91.119 Charles La Plata Physicians Memorial Mospital Memorial Land anguland Cantels Law and Mr are no, 202 bearing these the same of the sa

Carrier S Methy, M.D.

Walderf, Md. 20601

Contact

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within 24 hou

STATE OF MARYLAND

FOR - STATE REGISTRAR	DEPAR	TMENT OF HEALTH AND A CERTIFICATE OF D		IENE 7 9	2 NO.	2	6	8
PECEASED NAME FIRST  PE OR PRINTIS SAMUEL	CONVAA	Linton	SR.	20. DATE OF DEATH	MONTH	303	YEAR Q79	2b.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the should be deteached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 21 is marked or Item 18 shows any injury, or other traumatic event, the medical examiner mush management.

ATTENDING PHYSICIAN: nital or attending physician.

DHMH-16 25M (VRA 15, 4) 1/79

BP.

		REGISTRAR					REG. NO	).		
	DEC	EASED NAME FIRST	WIDDLE	, ,	LAST 1		20. DATE OF DEATH	NONTH DA	Y YEAR	2b. HOUR
	(IYPE	ORPRINTI SAMUE	L Conrad	hi	nton	SR.	Septem	ber 3	07979	2:45UM
3	SEX		4 RACE	S. DATE O	OF BIRTH		A. AGE (IN YEARS LAST BIRTH	DAY	FUNDER 1 YEAR	IF UNDER 24 HRS
		Male	Cau	Sens		192	57		ONTHS DAYS	HOURS MIN
7	a. Bis		7h CITIZEN OF WHAT COU	100	-	) [~	1 BALTIMORE CITY OF	YRS.	OF DEATH	
2		DUNTRY	II (A.	MARRIE	D NEVER MA			11 0	-	
2	1/	VGINIA	(1/2)//	WIDOWI		RCED	CVa	1-10	)	MD.
1	1	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, N		OK OTHER INSTITU	JION	120. USUAL OCCUPATION  (TYPE OF WORK FOR MOST OF			F BUSINESS OR
20	h	a Plata.	Phystola	aus No	mural		MANNOCI	e	Md. Tot	24000 GRU
		AL RESIDENCE (IF NURSING HOME OR TATE / 1136 COUN			1138. INSIDE CITY	HAITS?	13e STREET ADDRESS	1		
6	N	ary and Cl	has Nani	emer.		00	Bn(109 /	Vani	en	20662
- 1	4. FA	THER'S NAME			15 MOTHER'S M		AE .			
72	F	rederide w	Tham Li	ti hm.	Saro	1	ANNMIDDLE	0	rayins	T
1		AS DECEASED EVER IN U.S. AR		LSECURITYNO	17 INFORMANT		ADDRES		0 1/	
	(Y	ES, NO OR UNKNOWN] (IF YES, GIVE	WAR OR DATES) 217-	14-7089	ElBule	Th. L		ace. O	raught	no
-		18 CAUSE OF DEATH (Enter on	lu ana sausa nau lua fau sa l				- CON CIL	ILOURA.		MATE INTERVAL DISET AND DEATH
		PART I. DEATH WAS CAUSED	D BY		culan	0.10	2.22.		I T	ONSET AND DEATH
		IMMEDIAT	E CAUSE (a)	is Nus	mar	Lou	april.		1/5/	71
		4272	DUE TO, OR AS TOON	SEQUENCE OF	,	D.	1 1	0	15	. 4.0
		Conditions, if any, which	( (b) 46a	Terriose	me .	Mari	to NES and	acsim	30	Mas.
		gave rise to immediate cause (a), stating the	DUE TO, OR AS A CON	ISEQUENCE OF					1 '	
	7	underlying cause last	( (0)							
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1	NO	Self em	and Sta	instin	<u> </u>					
1	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR V	WHICH OPERATIO	N WAS PERFORM	NED	200 AUTOPSY?		WERE FINDIN	
	띮						YES TI NOT	IN CERTIFY YES	ING CAUSES	OF DEATH?
7	ERT	21g. ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY		Tale HOW IN III	PY OCCUPPE	ED (ENTER NATURE OF INJURY			МОП
		OR CONTRIBUTING CAUSE OF DEA	1 110110 4 44 440417	H DAY YEAR	1	KI OCCORNI	ED (EINIER INVIORE OF INJOR	IN IIEM IO, PA	(I I OA FANT 2)	
	V	(# EITHER, NOTIFY MEDICAL EXAMINER)	P.M.	19						
	MEDICAL	21d. INJURY OCCURRED	21e PLACE OF INJURY (AT HOME, STREET, FACTORY,	OFFICE, FARM, ETC.)	211 LOCATION		CITY OR TOW	N	COUNTY	STATE
	۲	AT WORK AT WORK								
		220.1 certify that (I) (this haspit	(a) attended the deceased	from HT	n.A.	19.70	10 300	nti	9 19	that (1) (me) last
1		saw the deceased alive an	30 Sent	1979 0	nd that in (my) (a	ur) opinion d	leath accurred on the da	te and haur	and from the	causes stated
1		above, (1) (well (did) (did fior	view the body ofter death	- 1	DEGREE				22c DATE	SIGNED
		An and	+ A - 11	1	ATT	ENDING _	MEDICAL _ STAF		300	1-179
4		22d. PHYSICIAN'S NAME (TYPE OF	(0) /11	1		YSICIAN [	DIRECTOR   PHYSICI	AN []	100	mi II
	ı	ARTHUR C	3. WOODDY	MD	Bul43	0 LA	PLATA. M	102	0646,	
7	230 B	URIAL, CREMATION, REMOVAL	23b. DATE	23c. NAME OF C	EMETERY OR CRI	EMATORY	236 LOCATION		OUNTY	STATE
	(3	Burial	10-3-79	Old Du	rham Ce	om.	Ironsida	_		arvland
1	24 FL	INERAL DIRECTOR					REC'D BY REGISTRAR			
		Huntt Funga	ADOR	ess dorf	Marula		0 4 13/9	pu	rym	

Waldorf, Maryland

Huntt Funeral Home

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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	es
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-	TO HOSPITAL CONTINUE PHYSICIAN: The law requires that the death certificate be executed within 24 hours after retained by the hospital or attending physician.
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		1.	FOR STATE REGISTRAR	C	EPARTMENT OF H	E OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH	IENE 7 9	2	2 5	8 3
1	/	(TYPE	CEASED NAME FRST		AVD	MAlloy	20 DATE OF DEATH	pt. 2	J, 1979	26. HOUR 8 20 A M
(1)	ľ	3 SE	M	Cauc	S DATE C		6. AGE (IN YEARS LAST B		MONTHS DAYS	HOURS MIN
72 hou	1-24		RTHPLACE (STATE OR FOREIGN )	USA	MARRIE WIDOWE		1 BALTIMORE CITY	OR COUNTY	OF DEATH	MD.
by the fu	000	L	a Plate	201 ST	OVE STREET ADDRESS)	or other institution  and i	126 USUAL OCCUPA (TYPE OF WORK FOR MOST			OF BUSINESS OR
sletely filled in by 2 should be filed	m 24	130 5	auland Cha	OTHER INSTITUTION, GIVE RESIDE TY 13c, CITY LA	OR TOWN	134. INSIDE CITY LIMITS? YES NO	30 STREET ADDRESS	St. N	range	ane
9.5	medical ex		Thomas 7	Ma	ellay	Ellen	WIDDLE		Dung	440
77 40	t, the m				10-8260	11 INFORMANT Sister Ann Pa	rker-Rt. 1		1011	20646
signed by the attending phy: en please remove carbon pap to burial, cremation, or remo	rijury, or other traumatic e	Z	PART I. DEATH Enter and PART I. DEATH WAS CAUSED IMMEDIATE Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last	DUE TO, OR AS A CO	onsequence of	NOT RELATED TO/THE TERM	INAL DISEASE OR CO	NDITION GIV		(WAATE INTERVAL ONSET AND DEATH
te has beer permit. The	shows an	CERTIFICATION	19a DATE OF OPERATION	196 CONDITION FOR	R WHICH OPERATIO	N WAS PERFORMED	AUTOPSY?	IN CERTIF	S, WERE FINDING YING CAUSES	
nysicia certific transi	or Item 18	3	216. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT (IF EITHER, NOTIFY MEDICAL EXAMINER)		NTH DAY YEAR	21c HOW INJURY OCCURE	RED (ENTER NATURE OF IN.	URY IN ITEM 18, P.	ART I OR PART 2)	7
After this the buri	marked o	MEDIC	214 INJURY OCCURRED  WHILE NOT WHILE AT WORK	218 PLACE OF INJURY JAT HOME, STREET, FACTOR	Y Y, OFFICE, FARM, ETC.}	211. LOCATION STREET	CITY OR TO	)WN	COUNTY	STATE
ined by the hospital or at FUNERAL DIRECTOR: uld be detached for use as h the State Dept. of Healt	IMPORTANT: If Item 21 is n		226.1 certify that (1) (this haspin saw the deceased alive an above (1)/we) kild (idid not 27%. SIGNATURE	view the bady after deal	19. 79. at	22e ADDRESS	MEDICAL ST DIRECTOR PHYS	date and have	r and from the	
TO FL should with t	MPO	23c 6	Dr. Henry Bu BURIAL, CREMATION, REMOVAL	23b. DATE		La Plata,	23d. LOCATION		социту	STATE
DHMH-16 21 (VRA 15, 4)		24 FI	Burial UNERAL DIRECTOR LEMANT FUNERAL H	9-26-1979 Lome, Inc. "		livet Cemetery Maryland 250 DATI		ngton,	RAR'S SIGNAT	TURE Creatly

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# STATE OF MARYLAND.

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

(3)	63	0		Ó
9	2	La	0	0
DEC	NO	12.5		

REGIS	TRAR		CER	TIFICATE OF DEATH	REG. N	O.	4
1. DECEASED	NAME FIRST	M	IDDLE	LAST	20 DATE OF DEATH	MONTH DAY YEAR	26 HOUR
(TITE OR PRINT)	George	Garn	er Matthe	ews	September	9, 1979	1:15 A <sub>M</sub>
3 SEX		4 RACE		TE OF BIRTH	6 AGE (IN YEARS LAST BIR	THDAY) IF UNDER YE.	
Mal	Le	Caucasi		11 2, 1902	77	YRS	13 HOURS MIN
BIRTHPLAC	CE ISTATE OR FOREIGN	76. CITIZEN OF V	VHAT COUNTRY?	RRIED & NEVER MARRIED	9 BALTIMORE CITY C	R COUNTY OF DEATH	
Mary	land	U.S.A		OWED DIVORCED	Charles		MD.
10 CITY OR TO	OWN OF DEATH		OSPITAL, NURSING HO	ME OR OTHER INSTITUTION	120. USUAL OCCUPATI	ION 12b. KINE DE WORKING LIFE) INDUSTE	OF BUSINESS OR
La Pla	ata /	The second secon	ans Memoria			e Broker/Se	
OSUAL RESID	ENCE (IF NURSING HOME C		GIVE RESIDENCE BEFORE ADMISS	ION) 136 INSIDE CITY LIMITS?	13e STREET ADDRESS		
Marul	1 0	irles	Newburg	YES NO TE	Rt. 1.	P.O. Box 89	3 9
14 FATHER'S	NAME	MIDDLE	LAST	15. MOTHER'S MAIDEN NA	ME MIDDLE		TZAL
Fran	cis We	ems	Matthews	Catherine	MIDDLE	Garner	LASI
	EASED EVER IN U.S. A	RMED FORCES?	166 SOCIAL SECURITY N		ACERI		3 (
No	(# 120,0		219-30-4079	Dorothy D. M	latthews- Ne	whurg, MD.	
18 CAL	JSE OF DEATH Enter of	nly ane cause per l	ine far ) , ib , and ic			APPR BETWE	OXIMATE INTERVAL
PAR	RT I. DEATH WAS CAUS	TE CAUSE (0)	lavel	iac failur	( ,		
14	140	DUE TO, OR	AS A CONSEQUENCE C	OF			
	tions, if ony, which	(b)	Corona	ry Heart	lifease.		1 0
couse	rise to immediate to, stating the	DUE TO, OR	AS A CONSEQUENCE C	OF .			
under	lying cause last	(c)					
	OTHER SIGNIFICANT	CONDITIONS CO	NTRIBUTING TO DEATH	BUT NOT RELATED TO THE TERM	MINAL DISEASE OR CON	DITION GIVEN IN PART	1(a)
é	(arcin	ome of	. Kectum	and Tons	. 68		
5 19a DA	TE OF OPERATION	19b. CONDIT	TION FOR WHICH OPERA	ATION WAS PERFORMED	700 AUTOPSY?	20b. IF YES, WERE FINITING CAUS	
19a DA		8 113			YES NO	YES [	NO 🗌
	CIDENT WAS UNDERLYING [	216. TIME OF		21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	RY IN ITEM 18, PART 1 OR PART 2	2)

(IF EITHER, NOTIFY MEDICAL EXAMINER)

NOT WHILE

22a.1 certify that (this hospital) ottended the deceosed fram sow the deceased alive on 3-8-above, (1) (we) (aid not) view the body after death.

G.S. Rath, M.D.

21d. INJURY OCCURRED

226. SIGNATURE

FOR

P.M

21e. PLACE OF INJURY

(AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)

211 LOCATION

CITY OR TOWN

COUNTY

STATE

opinion death accurred on the date and hour and from the couses stated 22c. DATE SIGNED

22d. PHYSICIAN'S NAME (TYPE OF PRINT)

Charles Rofessional Bldg. Waldorf, MD

23a. BURIAL, CREMATION, REMOVAL 23c NAME OF CEMETERY OR CREMATORY Burial Mount Rest Cemetery. La Plata

ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN

Charles Maryland

250. DATE REC'D. BY REGISTRAR IN TEGET FRANCISCO TUIL

BP.

DHMH - 16 60M 1/75 (VR A 15 (4))

of the buriol-transit permit. I

ATTENDING PHYSICIAN: The

TO FUNERAL DIRECTOR: After this certificate has been should be detached for use as the buriol-transit permit. I with the State Dept. of Health and Mental Hygiene prior to IMPORTANT: If them 21 is marked or them 18 shows any

MEDICA



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September 1			Manual Date	Chances	Jenasysis
traduction of the second			Carolidas Carolidas Carolidas		Faninca a
Tide, tellori.		Cherles by		. Burice, P.D	Не из L

# STATE OF MARYLAND

DEPAK	CERTIFICATE OF DEATH	GIEND	REG. I	NO.	2	5 0	1 2	
DLE	LAST	2a DATE	OF DEATH	MONTH	QAY	YEAR	26 HOL	IR
omas	Mattingly	Sen	ptembe	r	4,197	9	9:0	00P
	5 DATE OF BIRTH	6 AGE (II	N YEARS LAST B	RTHOAY)	IF UND	ERIYEAR	IF UNDER	24 HRS
	MONTH DAY YEAR		70		MONTHS	DAYS	HOURS	MIN.

3. SEX 4 RACE male white JO BIRTHPLACE ISTATE OR FOREIGN

William

Th CITIZEN OF WHAT COUNTRY? U.S.A.

BALTIMORE CITY OR COUNTY OF DEATH MARRIED MEVER MARRIED NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION

Charles 120 USUAL OCCUPATION 176 KIND OF BUSINESS e of work for most of working Life)

Physicians Memorial Hospital JSUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) Charles Maryland

Indian Head YES [

NOT IN SUCH FACILITY, GIVE STREET ADORESS

15. MOTHER'S MAIDEN NAME

Laura

Jenkins Lane Box 149 F

14 FATHER'S NAME

La Plata

Maryland

FOR - STATE REGISTRAR DECEASED NAME (TYPE OR PRINT)

Bernard Mattinolv 160 WAS DECEASED EVER IN U.S. ARMED FORCES?

18 CAUSE OF DEATH Enter only one couse per line for (a 16), and ic

166 SOCIAL SECURITY NO. 17 INFORMANT ADDRESS

Bowie

IN CERTIFYING CAUSES OF DEATH?

PART I DEATH WAS CAUSED BY

216-44-3728 Maude L. Mattingly same as 13

IMMEDIATE CAUSE Canditions, if any, which gave rise to immediate couse (0), stating the

HRONIC RESPIRATORY INFECTION

RESPIRATORY FAILURE

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

2-3 WEEKS

tintection

	LOUIS HINK
210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21b. TIME OF INJURY HOUR A.M. MON P.M.
21d. INJURY OCCURRED	21e PLACE OF INJURY

NOT WHILE

IN TIME OF INJURY HOUR A.M. MONTH

DAY YEAR

NOV 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART I OR PART 2)

DIRECTOR PHYSICIAN

21f. LOCATION

CITY OR TOWN

COUNTY STATE

CERTIFICATION

MEDICAL

orked or

MPORTANT:

220.1 certify that (1) (this hospital) attended the deceased fram\_ saw the deceased alive an SETT. 4
above, (I) (we) (did) (did not) view the body offer deat

(aur) apinian death accurred on the date and hour and from the causes stated

ATTENDING

PHYSICIAN

MEDICAL STAFF

77c DATE SIGNED

Aurelio C. Dela Paz

M.D.

AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)

La Plata, Maryland 23c. NAME OF CEMETERY OR CREMATORY Trinity Mem. Garden Waldorf, Charles, Md.

77e ADDRESS

DEGREE

20646

230 BURIAL, CREMATION, REMOVAL Burial 24 FUNERAL DIRECTOR

23b. DATE 9-8-79

Huntt Funeral Home Waldort, Maryland

250 DATE REC'D, BY REGISTRAR 256 REGISTRAR'S SIGN

DHMH - 16 60M 1/75 (VR A 15 (4))

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STATE OF MARYLAND FOR

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

7	()		63	9	1
	-		6200	and .	V
		REG. NO	0.		

BALTIMORE CITY OR COUNTY OF DEATH

REG. NO.				
September 2, 1	979	YEAR	9:1	
6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDE	RIYEAR	IF UNDER	24 HF
70 YRS.	MONTHS	DAYS	HOURS	MIN

Caucasian June 13, 1909 BIRTHPLACE STATE OR FOREIGN Th CITIZEN OF WHAT COUNTRY?

LAST

Mudd

Flzare

MARRIED NEVER MARRIED WIDOWED

Mudd

5 DATE OF BIRTH

Charles 120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE)

Farmer

12b. KIND OF BUSINESS OR INDUSTRY Agriculture

Dax Taca		11,010		110111011101	opaco
SUAL RESIDENCE (IF					
30. STATE	136 COUNTY		13c. CITY	ORTOWN	113d. INSIDE CIT
Md.	Char:	les	Pom	fret	YES 🗌
A FATHER'S MAME	-				IS MOTHER'S

U.S.A.

TY LIMITS? NO X

Constance

17 INFORMANT

Rt. 2, Box 74-T.

ADDRESS

Mudd

CO AL AL AL AL 62111	bes (B)	11444
	IN U.S. ARMED FORCES?	166 SOCIAL SECURITY NO
No		217-36-5564

William.

4 RACE

217-36-5564 Margaret C. Mudd,

NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION

Physicians Memorial Hospital

2, Box 74-T.

PART I. DEATH W	H (Enter only one cause pr 'AS CAUSED BY, IMMEDIATE CAUSE (a)_	Cardin	/2
496 -		OR AS A CONSEQUENT	CE OF

gove rise to immediate couse (0), stating the cause

- STATE

3. SEX

CERTIFICATION

MEDICAL

REGISTRAR DECEASED NAME (TYPE OR PRINT)

Male

Maryland

10 CITY OR TOWN OF DEATH

TaPlata

FIRST bii 111 am

DUE TO, OR AS A CONSEQUENCE OF

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110

		-		V	1	
3	DATE	OF	OPE	RAT	ION	

1h TIME OF INJURY

19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO YES [ 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2)

210. ACCIDENT WAS UNDERLYING	Γ
OR CONTRIBUTING CAUSE OF DEATH	ł
(IF EITHER, NOTIFY MEDICAL EXAMINER)	L
21d. INJURY OCCURRED	E

HOUR A.M. MONTH DAY YEAR le PLACE OF INJURY

AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)

21f. LOCATION

AL ANORK —	AT WORK		
220.1 certify	that (this	hospital)	attended the deced

and that in Lay)

CITTORTOWIN	0001411	STATE
-25	10 79	hat (I) (wa)

	SIGNATURE
22b.	SIGNATURE

WHILE NOT WHILE

DEGREE

ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN

22c. DATE SIGNED
9-1-79
101/

22d. PHYSICIAN'S NAME (TYPE OF PRINT)

Henry L. Burke, M.D.

LaPlata, Maryland 20646

BURIAL,	CREMATION, REMOVAL	
(or centry	Burial	

23b. DATE 9-5-79

(did not) view the body after death

23c. NAME OF CEMETERY OR CREMATORY St. Josephs Cem.

23d. LOCATION Pomfret

COUNTY Chas. Md.

DHMH - 16 60M 1/75 (VR A 15 (4))

the buriol-tronsit per ond Mentol Hygiene

should be detoched with the State Dept.

morked or Item 18

24 FUNERAL DIRECTOR

Huntt Funeral Home, Waldorf, Maryland

25a. DATE REC'D. BY REGISTRAR 25b REGISTRAR'S SIGNATURE

our) opinion death occurred on the date and hour and from the causes stated

Mudd September 2, 1979 9-14A distribution of the state of th Cauchainn - June 22, 1980 | 90 -Ba Staria Tallate - Firsicione Memorial Hespital The Visit of the Control of the Cont the tone of the control of the contr Inflata, Meryland 20646 .C. . Dirice. 1. .. nume t Fine pel Home, Delegal, Jest Plant

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE (3)

9	0	1'	0	-1
for	2	0	8	1
DEC NO				

		STATE REGISTRAR		MED	ICAL EXAMINE	R'S C	CERTIFIC	CATEO	FDEAT	H	REG. NO.	4	0 9	
1		EASED NAME	FIRST		MIDDLE		LAST	1	20.	DATE KNO	WN X	MONTH	DAY YE	AR 2b. HOUR
	(III)	OKPRINT	WILLIA	M	RUSSELL	PC	DRTER.	SR.		DEATH MA	TED	9	13 197	9 4
	3. SEX	4	4 RACE	S DATE OF BIRTH	6. AGE (IN YEAR	s IF UN	DER I YR.	IF UNDER		DATE		MONTH	DAY Y	21 HOLF 2:34
2	ma	le	white		7/40 39 YRS	Month	HS DATS	HOURS	MIN. PR	DEAD		9	13 197	
	Ja BIF	RTHPLACE (STA	ATE OR	76 CITIZEN OF WH	AT COUNTRY?	MARRI	IED X NE	VER MARRII	ED 🗆 9.	BALTIMORE	CITY OR	COUNT	Y OF DEAT	H
5	-	ennsyl	vania	U.S.	A.	WIDOW		DIVORCE	ED 🗆	Charle		U		MD.
		TY OR TOWN C			PITAL, NURSING HOME,	OR OTH	IER INSTITU	TION		OCCUPATION OF WORKING		F WORK		F BUSINESS
4	La	Plata		Physician	s Memorial	Hosp	. (DO	A)	-	troni		ech	SIMP C	hsoniar seum
4	UA 130 ST		IF IN NURSING HOME OF		RESIDENCE BEFORE ADMISSION	4)	13d. INSIDE C	TY LIMITS?	13e. STREET	ADDRESS				
51		Md.	-	rles	Waldorf		YES 🗆	NO X	Rt.	#2	Box	130	1-A	
2	14. FA	THER'S NAME		MIDDLE	LAST		15 MOTHE	R'S MAIDE	N NAME	MIDDLE			LASTA	
		Willi:	am	1110000	Porter		-	ina		,6	F	Rube	nste	in
1	16a. W		EVER IN U.S. ARA		16b. SOCIAL SECURITY	NO.	17. INFORA	TAAN		Al	DDRESS			
ч		Yes		-1963	173-32-2	096	Cynt	thia	A . P	orter	Sa	ame	as #	13
1		18 CAUSE OF	DEATH (Enter anl	y ane cause per line	far (a), (b), and (c).)								APPROX	MATE INTERVAL
1		PART I DE A	ATH WAS CAUSED	BY: Tra	nsection o	fac	orta						oc meet	
1	100	X15	2		AS A CONSEQUENCE OF	F			1.4					
-		Canditians, if any, which gave rise to immediate (b)												
П		cause (a)	stating the under-	DUE TO, OR	AS A CONSEQUENCE OF	F								
Н		lying caus	e last.	(c)						- T				
-1		PART 2 OTHER SIG	NIFICANT CONDITIONS	CONTRIBUTING TO DEATH B	UT NOT RELATED TO THE TERMIN	AL DISEAS	E OR CONDITIO	N GIVEN IN PAR	RT 1 (a).					
1	NO													
П	CAT	190. DATE OF	OPERATION	19b. CONDIT	ION FOR WHICH OPERA	TION W	AS PERFOR	MED?					20 AUTO	PSY?
	TIFE												YES	NO [
	MEDICAL CERTIFICATION	210 EXTERNAL	-X	21b. TIME OF						URE OF INJURY II				
5	AL	UNDERLYING CONTRIBUTIN	OR G CAUSE OF D	1:45xx	M. MONTH DAY YEAR		erator	of m	otorc	ycle/f	ixed	obj	ect co	llision
	EDIC	21d. INJURY O		21e. PLACE C	F INJURY (AT HOME, DRY, FARM, ETC.)		CATION			CITY OR TOWAL		501	INITY	27.472
1	2	AT WORK	NOT WHILE	road		Rt.	. 227		Po	mfret		Cha:	rles	Md.
1		22-1		f sha samaias dass	ribed abave, held an	Autop	X va	Inspection		Inquiry	200	in my ap	ining	
1					Accident X Suic		. Hamie			mined manne		ш шу ар	imon	
X.	7	death resulte	a tram: Matur	al causes ::	Accident [44], Suic	ide 🗀		PECIFY)	Undeterr	ninea manne				-
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0		SIGNATURE_	1	1	X	IN	1.D		MEDIC.	ALEXAMINE	K	SIGNE	0	1
1		EXAMINER'S N	NAME Ann	M. Dixon	M.D.		ADDRESS	1	ll Per	nn St.		- 5	/-	
	23a, Bl	URIAL, CREMAT	ION,REMOVAL 2	3b. DATE	23c, NAME OF CEM	ETERY C	NAME OF TAXABLE PARTY.	ÖRY	23d. LOC.	ATION		7		100
	(5	PECIFY)	mation	9-14-79							nd		100	
	24. FU	JNERAL DIRECT			1	0		25a. DATE	REC'D. BY R	EGISTRAP LT	5b. F		-	
	Н	NAME F	uneral	Home III	aldorf, Mar	vle			DEPL	9 1317				
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DHMH - 17 (VR A15 ME (5)) 15M 7/76

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STATE OF MARYLAND

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DEPA	CERTIFICATE OF DEATH	GIENE	REG. I	NO.	2	6	8 8	
WIDDLE	LAST	20 DAT	TE OF DEATH	MONTH	DAY	YE AR	26 HOUR	
Noe1	Snor	100		9-	11	79	4:57	1

REGISTRAR			CERTIF	ICATE UP	DEATH	REC	NO.			
I DECEASED NAME FIRST	A	MIDDLE	L.	AST		20 DATE OF DEAT	H MONTH	DAY	YE AR	26 HOUR
Cliffo	rd 1	Noe1	S	ingia		4-1-1	9-	11	79	4:57a
3 SEX	4 RACE		5. DATE C	OF BIRTH		6 AGE (IN YEARS LAST	BIRTHDAY)		RIYEAR	IF UNDER 24 HRS
Male	02		11	28	10	68	YR	MONTHS	DAYS	HOURS MIN
TO BIRTHPLACE (STATE ON PREH)	76 CITIZEN OF	WHAT COUNTRY?	8 MARRIE		MARRIED	9 BALTIMORE CIT	Y OR COUN	TY OF DE	ATH	
Manchester	USA		WIDOWE	D	DIVORCED [	Charles				MD
10 CITY OR TOWN OF DEATH		HOSPITAL, NURSING		OR OTHER IN	STITUTION	120 USUAL OCCUP				F BUSINESS OR
La Plata		ians Men		1 Ho	spital	Const.				H.A.
MSUAL RESIDENCE (IF NURSING HOME O	ROTHER INSTITUTION.	GIVE RESIDENCE BEFORE	ADMISSION)		CITY LIMITS?	13e STREET ADDRE	ss			
Md Char		Port To			NO 🗌		ort I	Tobac	cco.	Md.
14 FATHER'S NAME	MIDDLE	LAST		15 MOTHE	R'S MAIDEN NA					
ALC: v	rhand	Snow			Emma	MIDDE			CHI	ke
160 WAS DECEASED EVER IN U.S. AF		166 SOCIAL SECUI	RITY NO.	17 INFORM	MANT	AD	DRESS			
YES DOWN	e WAR OR DATES)	216-10-	D648	Emma	Mae Si	now sa	ne as	#13	3	
18 CAUSE OF DEATH Enter of PART I. DEATH WAS CAUSE			ıcı	tive	101.	art Fac	lur		APPROXI BETWEEN	MATE INTERVAL ONSET AND DEATH
14280		R AS A CONSEQUE	NCE OF							
Conditions, if ony, which	( b)_									
gave rise to immediate	DUETO	P AS A CONSEQUE	NICE OF		120,000					

underlying couse last. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110

CERTIFICATION 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a, AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NOT YES [ 210 ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2)

HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER P.M 21d INJURY OCCURRED 21e. PLACE OF INJURY 21f. LOCATION (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OR TOWN COUNTY NOT WHILE

22a.1 certify that (1) (this hospital) attended the deceased from saw the deceased alive an above. (I) (we) (did) (did not) view the body after death and that in (my) (aur) apinion death occurred on the date and hour and from the causes stated

DEGREE 22c. DATE SIGNED ATTENDING MEDICAL STAFF

22d PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS

20646 Barry S. Reed.MD La Plata, Md.

23d. LOCATION CITY OR TOWN 230. BURIAL, CREMATION, REMOVAL (SPECIFY) 23c. NAME OF CEMETERY OR CREMATORY 9-14-79 St. Pauls Ch. Cem. Burial

24 FUNERAL DIRECTOR

FOR - STATE

Huntt Funeral Home

Waldorf, Md.

250. DATE REC'D. BY REGISTRAR 256. P

DIRECTOR PHYSICIAN

BP.

TO HOSPITAL

DHMH - 16 60M 1/75 (VRA 15 (4))

FUNERAL DIRECTOR:

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or Item 18

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MPORTANT: If Item 21 is

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should be detached with the State Dept.

MEDICAL

certificate hos and Mental Hygiene A SECTION OF STREET AND A SECTION OF THE PARTY OF THE PAR The second in the second in in the land of the state of the land of the land of the land of 2/61 1430 miles in the contract of the contrac FOR - STATE

# STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENS CENTIFICATE OF DEATH

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1	REC	SISTRAR				CERTIF	ICATE OF DEAT	ın	REG. NO	Э.		
I	TYPE OR PR	EDNAME	FIRST	A	MIDDLE	L	AST		20 DATE OF DEATH	MONTH DA	Y YEAR	26 HOUR
1	(TIPE OR PRI	IN1)	Annie	C.	Tho	mpson		140	9	9	79	10:20%
1	1 SEX			4 RACE		5 DATE C			6. AGE (IN YEARS LAST BIRT		FUNDER I YEAR	IF UNDER 24 HRS.
1	fe	male		1		4-	25-21	YEAR	5		ONTHS DAYS	HOURS MIN
J	BIRTHP	LACE (STATE	OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8 MARRIE	NEVER MARR	RIED []	9 BALTIMORE CITY O	RCOUNTY	OF DEATH	
3	Mary	1and			States	WIDOWE	D DIVOR	CED 🔲	Charl	Les Cou	inty	MD.
5	10 CITY O	R TOWN OF	DEATH		HOSPITAL, NURSIN		R OTHER INSTITUT	ION	12a USUAL OCCUPATION TYPE OF WORK FOR MOST O		12b. KIND C	OF BUSINESS OR
	La P						Hospital		none			one
1	130 STATE	SIDENCE (IF	13b COUN		GIVE RESIDENCE BEFOR	N.	13d INSIDE CITY LI	IMITS?	13e. STREET ADDRESS			
	MD		Cha	rles	La Plat	а			.Rt. 2 Box	2327	La Pl	ata, mD
	14. FATHER	FIRST	Λ	MIDDLE	LAST		15. MOTHER'S MA	IDEN NAM	VE MIDDLE	i	) IAS	
1		Carl S		403			Irene	2			ROC	TOR
I		DECEASED E	VER IN U.S. AR	MED FORCES?	166 SOCIAL SECU		17 INFORMANT	1	ADDRE	0x 75-1	) Ale	Ison Pt. RU
		NO			215-30-	5310	SANDER	GU:	TRICK PI	's gah	Mai	
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	17	-140		DUE TO, OF	R AS A CONSEOU		11 -1 >					
		nditions, if o		(b)	Corona	ray	Heert D	h-les	el.		-	
	COL	use 101, st		DUE TO, OF	R AS A CONSEQU	ENCE OF						
1				(c)								
		01	significant c	A AH	milt. C				NAL DISEASE OR CON		N IN PART 11	a
1	19a [	DATE OF OPE	-	196 CONDI			N WAS PERFORMED		20a. AUTOPSY?		WERE FINDI	NGS USED
1	CERTIFICATION 518								YES TO NOT	IN CERTIFY		OF DEATH?
1	21a	ACCIDENT WAS	UNDERLYING	21b. TIME O			21c. HOW INJURY	OCCURRE	ED (ENTER NATURE OF INJUR	1		
	ODG		CAUSE OF DEA	TH HOUR A.I	M. MONTH D	AY YEAR						
	$\simeq$	INJURY OCC		21e PLACE C	OF INJURY		211 LOCATION					
1	₹ wh	ORK A	T WORK	(AT HOME, STR	EET, FACTORY, OFFICE, I	FARM, ETC.)	STREET		CITY OR TOW	N	COUNTY	STATE
			t (I) (this hospit	(al) ottended the	e deceosed from_	J	15	74	_, to	7- 19	75.	that (I) (we) lost
		sow the dec	eosed olive on	9 —	ofter death.	) 9 . on	d that if (my) (auc)	opinion de	eath accurred on the do	ote and hour o	and from the	couses stoted
		SIGNATURE	1	12			DEGREE			11-1-1	22c DATE	SIGNED
		-	Lone	JK	/	1.0.	ATTEN	ICIAN T	MEDICAL STAF	IAN 🗌		
			NAME (TYPE OF	PRINT	. 1		22e ADDRESS					
	(	G.S. R	ath,MD	Lore			Waldorf	Profe	ess <b>io</b> nal B1	dg. Wa	ldorf,	, MD
1	Zie BURIA	L CREMATIC	ON, REMOVAL	23h DATE	HA 2001	NAME OF C	EMETERY OR CREM	ATORY	134 LOCATION		DUNTY >	* 1941 4
-		BUR	IAL	9-12	-79 5	T. C	HARLE	5	GLYMON	TCH	4R4S	MDI
1	14 FUNER	AL DIRECTOR	LEON	THORN	TO N ADDRESS &	GROW	e1-804/15	SEP	7 7 7979 PAR	perfe	y Med	Storly
1	IHO	BNTO	IN FUL	VERAL A	HONE P	MONI	CEY, MD.		~ 1	1		

BP

OR ATTENDING PHYSICIAN: The low

TO HOSPITAL

retained by the hospital or attending physician.

DHMH - 16 60M 1/75 (VR A 15 (4))

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physican and completely filled in the should be detached for use as the busial-transit permit. Then please remove carbon-papers. Pages 1 and 3 than it be found with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

injury, or other troumatic event, the medical

IMPORTANT: If Item 21 is morked or Item 18 shows

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		25-21			founder
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1	FOR STATE REGISTRAR	DEPA	RTMENT OF HEALTH AND A CERTIFICATE OF D		REG. NO.	9 4 0
	CEASED NAME FIRST	MIDDLE	Wmgh.	20. DATE OF D	9-15-7	20.1100%
3 SE	F	4 RACE	5 DAY OF BINTH	1903 82		FUNDER I YEAR FUNDER 24 HRS
U /9 /	IRTHPLACE (STATE OR FOREIGN OUNTRY) anyland	76 CITIZEN OF WHAT COUNTI	MARRIED L NEVER A	VORCED   9. BALTIMORE	ALES COUNTY	Unt Y MD
Je Contined	a Plata, md		ISING HOME OR OTHER INST REET ADDRESS)  NOTE 1 NOT 1 N		OR MOST OF WORKING LIFE)	12b. KIND OF BUSINESS OR INDUSTRY  at Home
5 13a	AL RESIDENCE OF NURSING HOME OR STATE 136 COUN	TY 136, CITY ORT	OWN 13d. INSIDE C	NO Dox 82	J Baptis	t Church Road
80 W	ather's NAME latter M		n Beri	tha -	MIDDLE	Simmons
e medica	WAS DECEASED EVER IN Ū.S. AR/ (YES, NO OR UNKNOWN) (IF YES, GIVE	MED FORCES? 16b SOCIALS WAR OR DATES) 215–38	0.1	tine Scott-Rt.		Indian Head, 79 Z MD. 20640  APPROXIMATE INTERVAL BETWEEN ONSET TAND DEATH
NO	Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost.  PART 2 OTHER SIGNIFICANT C	DUE TO, OR AS A CONSE  (b) C V A  DUE TO, OR AS A CONSE  (c) CONTRIBUTING	OUENGE OF LI	Head Design TO THE TERMINAL DISEASE (	DR CONDITION GIVE	N IN PART 1(a)
18 shaws any injury. CERTIFICATION	190 DATE OF OPERATION	19b. CONDITION FOR WH	ICH OPERATION WAS PERFO		SY? 20b. IF YES, IN CERTIFY YES	WERE FINDINGS USED ING CAUSES OF DEATH?
MEDICAL CER	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED  WHILE NOT WHILE		DAY YEAR 19 211. LOCATIO	JURY OCCURRED (ENTER NATUR	RE OF INJURY IN ITEM 18, PAR	RT 1 OR PART 2)  COUNTY STATE
Item 21 is marke	220.1 certify that (1) (this hospit sow the decayed live an.	oi) ottended the deceased from 9-15		(our) opinion death occurred	Dn the date and haur	9 79 , that () (we) last and from the causes stated
MPORTANT: #	Henry L. Burk		22e ADDRESS	oftending Medical Director Dir		9-15-79
23a.	BURIAL, CREMATION, REMOVAL Burial		3c NAME OF CEMETERY OR C		ION OWN	es Maryland
	and the second second	1	· · · · · · · · · · · · · · · · · · ·		STOAR PSB. PSE AS AND	

STATE OF MARYLAND

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